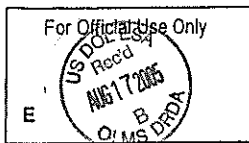


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11511</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>GARY A. HAMILTON</u>  P.O. Box, Bldg., Room No., if any  Street <u>901 MASSACHUSETTS AVE., NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001-4397</u>	4. Name, file number, and address of labor organization. Name <u>UNITED ASSOCIATION PLUMBERS AND PIPEFITTERS</u> Labor Organization File Number <u>000-111</u> P.O. Box, Building and Room Number, if any  Street <u>901 MASSACHUSETTS AVE., NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001-4397</u>
5. Position in labor organization. <u>SPECIAL REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Gary A. Hamilton

On

8/10/05  
Date

(202) 628-5823  
Telephone Number

Name of Person Filing

GARY A. HAMILTON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name PIPING INDUSTRY PROGRESS AND  
EDUCATION TRUST FUND

Trade Name, if any:

PIPE

P.O. Box, Bldg., Room No., if any

Street 501 3 HATTO PLACE, SUITE 200

City LOS ANGELES

State CA

ZIP Code + 4 90020 -  
1786

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing. PIPE IS A LABOR -  
MANAGEMENT CORPORATION COMMITTEE FORMED  
TO IMPROVE COMMUNICATIONS BETWEEN LABOR  
AND MANAGEMENT, TO STUDY AND EXPLORE NEW  
AND INNOVATIVE JOINT APPROACHES TO  
PROBLEMS, AND TO IMPROVE HEALTH AND  
SAFETY IN THE PLUMBING AND PIPING INDUSTRY

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS A HOLIDAY GIFT, PIPE SENT ME A  
PAIR OF SUNGLASSES

12.b. Amount.

\$ 179.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing <u>GARY A. HAMILTON</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>NATIONAL INSPECTION TESTING - CERTIFICATION</u> Trade Name, if any: <u>NITC</u>  P.O. Box, Bldg., Room No., if any  Street <u>501 SHATTO PLACE, SUITE 201</u> City <u>LOS ANGELES</u> State <u>CA</u> ZIP Code + 4 <u>90020 - 1786</u>	9. Business deals with:  <input checked="" type="radio"/> (a) Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	11.a. Nature of such dealing. <u>NITC IS A LABOR - MANAGEMENT CORPORATION COMMITTEE FORMED TO IMPROVE COMMUNICATIONS BETWEEN LABOR AND MANAGEMENT, TO STUDY AND EXPLORE NEW AND INNOVATIVE JOINT APPROACHES TO PROBLEMS, AND TO IMPROVE HEALTH AND SAFETY IN THE PLUMBING AND PIPING INDUSTRY</u>  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received. <u>AS A HOLIDAY GIFT, NITC SENT ME A PAIR OF SUNGLASSES</u>  12.b. Amount. <u>\$ 45.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	14.a. Nature of payment.          
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing

GARY A. HAMILTON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTERNATIONAL PIPE TRADES JOINT  
TRAINING COMMITTEE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 901 MASSACHUSETTS AVE, NW

City WASHINGTON

State DC

ZIP Code + 4 20001-  
4397

9. Business deals with:

☒ (a) Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing. INTERNATIONAL PIPE TRADES JOINT TRAINING COMMITTEE IS A CORPORATION WHICH PROVIDES TRAINING MATERIALS AND TRAINING SUPPORT FOR UA TRAINING PROGRAMS IN SUPPORT OF UA MEMBERS

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

WHILE ATTENDING A TRAINING CONFERENCE I (AND MY SPOUSE) ATTENDED A DINNER SPONSORED BY THE INTERNATIONAL PIPE TRADES JOINT TRAINING COMMITTEE

12.b. Amount. \$350.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.



DATE 8/10/05

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW, Room N-5616  
Washington, D.C. 20210

To Whom It May Concern:

Please find enclosed a signed copy of my LM-30 report for the period of January 1, 2004 through December 31, 2004.

Please note that I was unaware of the current position of the Office of Labor Management Standards on what transactions are reportable on the LM-30, and therefore, did not keep contemporaneous records during 2004 of all potentially reportable transactions. Accordingly, I have attempted to recall all reportable transactions and to estimate their value. While the information reported is based on a good faith effort, I reserve the right to supplement this report should I become aware of other reportable events during the year in question.

Thank you for your consideration.

Sincerely,